

Committee on Ways and Means
Witness Disclosure Requirement – “Truth in Testimony”
Required by House Rule XI, Clause 2(g)

Your Name: <div style="text-align: center;">Theresa M. Covington</div>		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). The National Center for the Review and Prevention of Child Deaths located at the Michigan Public Health Institute b. Briefly describe the capacity in which you represent this entity. <div style="text-align: center;">I am a senior program director at the Michigan Public Health Institute and am the Director of the National Center for the Review and Prevention of Child Deaths</div>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which <u>you have received</u> during the current fiscal year or either of the two previous fiscal years: 1. Cooperative Agreement from HRSA MCHB: Grant # U49MC00225 7/01/2011 to 6/30/2012 \$650.00 for the National Child Death Review Resource Center. 2. Contract from EGS through the CDC #HHSP35020090072G 4/01/2009 to 3/31/2012 Approximately \$300,000 for the Sudden Unexplained Infant Death Case Registry. 3. Contract from the CDC # 200-2010-37074 8/16/2010 to 8/15/2011 \$74,998 for Enhancing NVDRS Child Maltreatment Mortality Surveillance		
4. Please list any offices or elected positions you hold. <div style="text-align: center;">none</div>		
5. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
6. Please list any Federal grants or contracts (including subgrants or subcontracts) which were received by the entity(ies) you represent during the current fiscal year or either of the two previous fiscal years, which exceed 10 percent of entity(ies) revenues in the year received. Include the source and amount of each grant or contract. Attach a second page if necessary. None exceed 10%		